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Draft country programme document**

Ethiopia

Summary

The draft country programme document for Ethiopia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $119,750,000 from regular resources, subject to the availability of funds, and $350,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data† *(2004 unless otherwise stated)*	
Child population (millions, under 18 years) (2003)	39
U5MR (per 1,000 live births) (2005)	166
Underweight (%, moderate and severe)	38
Maternal mortality ratio (per 100,000 live births) (2000)	870
Primary school attendance (% net, male/female) (2003-2004)	55/47
Primary school children reaching grade 5 (%) (2002-2003)	62
Use of improved drinking water sources (%)	22[a]
Adult HIV prevalence rate (%) (2003)	4.4
Child work (%, children 5-14 years old) (2001)	43[b]
GNI per capita (US$)	110
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	71

† More comprehensive country data on children and women are available at www.unicef.org.

[a] The Welfare Monitoring Surveys 2000 and 2004 recorded 27.9% and 35.9%, respectively, which when considered bring the estimated water coverage to 32%.

[b] Differs from standard definition and/or age groups.

The situation of children and women

1. Ethiopia ranks 170 out of 177 on the Human Development Index and 92 out of 95 on the Human Poverty Index. Forty per cent of the population lives in absolute poverty; over 50 per cent is under age 19. Rural inhabitants constitute 85 per cent of the population and over 90 per cent of the poor. Despite little reduction in income poverty (2 per cent over the last decade), non-monetary poverty indicators have significantly improved, supported since 2000 by a substantial shift in Government expenditure from defence to the social sectors.

2. Under-five mortality (U5MR), at 123 per 1,000 live births, has declined by 1.8 annually since 1990 (DHS preliminary results, 2005). Malaria, diarrhoeal diseases, pneumonia and neonatal complications each accounts for nearly a quarter of U5MR. Achieving the Millennium Development Goal on U5MR will require an annual reduction of 7.9 per cent. The maternal mortality ratio will need an annual reduction of 5.9 per cent for the Goal to be reached. About 28 per cent of mothers attend at least one antenatal consultation, and 6 per cent of babies are delivered by skilled attendants. Malnutrition underlies more than half of U5MR. Micronutrient malnutrition is highly prevalent; 50 per cent of children and 25 per cent of women are anaemic. Access and utilization of health services is low, with regional disparities. While most children received three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), coverage is 7 per cent in pastoralist regions.

3. Between 2000 and 2003, access to safe water increased from 22 per cent to 32 per cent; reaching Millennium Development Goal 7 will require an annual increase of 2.5 per cent. Sanitation coverage rose from 18.1 per cent in 2000 to 30.8 per cent in 2004.

4. About 15 million people are vulnerable to chronic and transitory food insecurity from factors that include drought and environmental degradation. About 5

million chronically food-insecure people are being supported through the Productive Safety Net Programme under the National Coalition for Food Security.

5. The primary school net enrolment ratio (NER) rose from 36 per cent in 1998-99 to 51 per cent in 2003-2004 but is much lower among the pastoralist community. Despite decreasing steadily, the gender gap in primary school is 8 per cent, and will need an annual reduction of 0.75 per cent if the Millennium Development Goal is to be achieved. The drop-out rates are 23 per cent (grade 1) and 15 per cent (grades 1-8). National learning achievement scores for grades 4 and 8 are 40 per cent and 49 per cent, respectively. School environments are not child-friendly, and have limited water and sanitation facilities. There is no national early childhood development (ECD) policy.

6. HIV/AIDS prevalence is 4.4 per cent (2.6 per cent rural and 12.6 per cent urban). The rate of increase has declined, especially in urban areas. An estimated 1.5 million people are infected, of whom 96,000 are children under 15. In 2003 about 35,000 HIV-positive births occurred. Adolescents, particularly girls, are increasingly vulnerable, as HIV prevalence in the 19-24 age group is 6 times higher for females. Prevention of mother-to-child-transmission (PMTCT) services began in 2003 but suffer from low utilization of antenatal care and delivery services.

7. Approximately 12 per cent of children are orphaned (4.6 million), more than 537,000 of them because of AIDS. Traditionally, orphans are absorbed by extended families, but the increasing numbers provide major challenges. Eighteen per cent of households, including 42 per cent that are female-headed, take care of orphans. Orphaned and vulnerable children (OVC) have little support, protection or access to basic services.

8. Girls, who are particularly vulnerable to the patriarchal nature of Ethiopian society, are subjected to many harmful traditional practices (HTP), including abduction, child marriage and female genital mutilation/cutting.

9. The legislative framework for children has improved. The Government is developing a Children's Bill based on the Convention on the Rights of the Child. In 2001, the Committee on the Rights of the Child recommended enforcing legislation on HTP, instituting full birth registration, reducing U5MR and improving the quality of education. The Government submitted a second report to the Committee in 2005. Five periodic reports to the Committee on the Elimination of Discrimination against Women have been produced. In 2004, the Committee recommended improving reproductive health services, reducing school drop-out rates for girls and implementing target-specific measures against HTP. A National Plan of Action for Children has been developed based on the *World Fit for Children* and Millennium Development Goals. The Penal Code has been revised to eliminate gender discrimination.

10. Pervasive poverty underpins the situation of most Ethiopian children, compounded by inadequate implementation capacity at local levels, gender inequality, disproportionate service provision between urban and rural areas, and underserved vulnerable groups, including pastoralist communities.

Key results and lessons learned from previous cooperation 2002-2006

Key results achieved

11. A measles campaign in 2002-2004 reached 28 million children (92 per cent), and 23 million children received vitamin A supplementation. Insecticide-treated mosquito nets (ITNs) reached 6 million children or pregnant women in 2005 as a result of free distribution and UNICEF-facilitated procurement using Global Funds. UNICEF supported the development of a National Child Survival Strategy with the World Health Organization (WHO) and the United States Agency for International Development (USAID), and a National Nutrition Strategy with the Ministry of Agricultural and Rural Development and other partners.

12. Evidence-based assessments of water scarcity ensured steady funding, construction of 1,700 water supply schemes and rehabilitation of 2,200 schemes, benefiting 4 million people. Improved sanitation facilities reached 3 million people. Technical assistance and the procurement of drilling rig packages built capacity at federal and regional levels for emergency and longer-term interventions. UNICEF supported the development of the water and sanitation sector policy, the national sanitation strategy, and an intersectoral water, health, education, and sanitation agreement.

13. A complex humanitarian crisis in 2002-2003, involving the largest food aid operation ever conducted in Ethiopia, demonstrated the effectiveness of a multisectoral response. A 2004 evaluation highlighted the success of this approach, achieved through emergency preparedness response (EPR), coordination of nutrition, water and sanitation assessments, an exceptionally high degree of team work, the averting of a mass migration to camps and the establishment of an effective early warning system. Despite the emergency, the U5MR did not rise. This response created an unprecedented partnership between the World Food Programme (WFP) and UNICEF through the Enhanced Outreach Strategy (EOS), a high-impact food and non-food child survival intervention that twice a year reaches 7 million children under five.

Lessons learned

14. Successful interventions depend on community and civil society involvement under broad-based government leadership. Community-based micro-planning with the Regional Bureau of Finance and Economic Development (BoFED) was enthusiastically received by authorities and communities who developed integrated community plans. The importance of civil society participation was demonstrated through HIV/AIDS Prevention and Control Offices that pioneered the involvement of traditional community associations providing home-based care and support. An essential lesson was that working with civil society increased capacity to respond to the demands emerging from community-based planning in line with the human rights-based approach to programming.

15. Coordination between emergency and development programmes needs to improve, and technical assistance should contribute to capacity development in a more sustainable way through the overall coordination of the Ministry of Finance and Economic Development and BoFEDs. In line with mid-term review recommendations, Government counterpart capacity in monitoring and reporting,

including financial reporting, needs to be strengthened from the federal to *woreda* (district) level.

16. Effective youth participation was achieved through the creation of the Ethiopian Youth Forum, the "We Have a Dream" advocacy campaign for OVC and the innovative "community conversations" led by youth Anti-AIDS clubs. These enabled young people to analyse and act upon their own situation and participate in community planning and interactive, youth-centred media. Adolescents and young people play a key role in the response to HIV/AIDS, which is best addressed within a holistic adolescent development model that includes livelihoods. The establishment of girls' clubs, to strengthen girls' education and to address HTPs and HIV, successfully added a gender perspective.

17. Effective acceleration of interventions needs to be accompanied by the training of key actors and a multi-year planning perspective that prevents fragmented approaches. These elements ensured the success of the scaling up of the EOS campaign and the sanitation programme, which attained 85-per-cent coverage in five districts. The quality of the acceleration of school enrolment and the rapid roll-out of the Health Services Extension Programme suffered from a lack of these elements.

The country programme, 2007-2011

Summary budget table[a]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Young child adolescent and women's health	31 570	94 750	126 320
Nutrition and food security	11 310	31 000	42 310
Adolescent development, protection and HIV/AIDS	15 780	15 500	31 280
Education	16 830	19 400	36 230
Water, sanitation and hygiene	15 780	77 600	93 380
Communication, gender and programme coordination	10 520	7 750	18 270
Cross-sectoral costs	17 960	39 000[b]	56 960
Total	**119 750**	**350 000**	**469 750**

[a] Additional funds may be received through consolidated appeals.

[b] To be agreed for each contribution on a tripartite basis (among the Ministry of Finance and Economic Development, concerned donors and UNICEF).

Preparation process

18. Development of the country programme began with lessons learned and recommendations from the 2004 mid-term review. Prioritization of the United Nations Development Assistance Framework (UNDAF) outcomes was based on the Millennium Development Goals needs assessment. UNICEF led the Humanitarian Response, Recovery and Food Security thematic group, and contributed to all other

groups. The validation of the UNDAF included meetings with counterparts, United Nations partners, civil society, and research institutions. At a Joint Strategy Meeting in February 2006, led by the Ministry of Finance and Economic Development, the country programme document was finalized after consultations with national and regional counterparts and partners.

Goals, key results and strategies

19. The country programme goal is to enable vulnerable children and women to progressively realize their rights to survival, development, protection and participation through support given to national and regional efforts to achieve the objectives of the Plan for Accelerated and Sustained Development to End Poverty (PASDEP).

20. The **young child, adolescent and women's health programme** will aim to achieve the following results: (a) 5.2 million children and 1.2 million pregnant women utilizing high-impact preventive and curative health and nutrition community services; 50 per cent of households taking action for better health of children and women as a result of support provided to 16,000 workers in underserved *woredas* not covered by other health sector partners; (b) improved access to and utilization of quality referral health services for children and women at health centre and hospital levels and the provision of necessary supplies; and (c) the capacity of the Ministry of Health strengthened for improved policy development, standards-setting, quality assurance, donor coordination and EPR.

21. The *nutrition and food security programme* will aim to achieve these results: (a) institutional capacity of implementing partners strengthened for improved multisectoral coordination, the setting of standards, quality control, and early warning and nutrition information systems; (b) families in at least 60 per cent of pastoral and agro-pastoral *kebeles* (communities), in drought-prone *woredas*, participating in assessing, analysing and taking action for improved nutrition; (c) 80 per cent of children and mothers in drought-prone *woredas* receiving high-impact, community health and nutrition services every six months through EOS, as part of a transitioning from food insecurity and acute malnutrition to ending child hunger and undernutrition; and (d) improved EPR capacities in the health, nutrition, water, sanitation and hygiene (WASH), education and child protection sectors at federal and regional levels, especially in underserved areas, including the capacity to trigger emergency non-food responses.

22. The **adolescent development, protection and HIV/AIDS programme** will aim to achieve the following results: (a) 1 million vulnerable children and adolescents capacitated and empowered with knowledge and life skills to participate effectively in decision-making activities and in gaining livelihoods in their communities; (b) effective gender and age-sensitive mechanisms set up for prevention and protection, focusing on adolescent girls, and operationalized to reduce the risk of new HIV infections in 105 *woredas* nationwide, including those affected by humanitarian crises; (c) 1 million vulnerable children and adolescents provided with community and home-based care, support and protection; and (d) relevant laws and policies revised and implemented to ensure that the rights of adolescents, women and vulnerable children are recognized, protected and fulfilled, including in emergencies.

23. The **basic education programme** will aim to achieve the following results: (a) policies and national standards to monitor school readiness in ECD and learning

programmes developed and implemented; (b) NER in primary school increased from 51 per cent to 96 per cent of schools in targeted *woredas*; (c) gender parity achieved in targeted *woredas*; (d) improved quality of education achieved in targeted *woredas*, with 85 per cent of children retained and attaining at least 50-per-cent pass result in grades 4 and 8; and (e) 60 per cent of school-going children who are displaced in emergency situations able to continue their education.

24. The **WASH programme** will aim to achieve the following results: (a) 6 million people (4.5 million vulnerable children and women) have equitable and sustainable access to and use of safe water, basic sanitation services and improved hygiene in drought-prone and underserved areas; (b) 650 health infrastructures and 4,200 schools provided with a complete WASH package; (c) preparedness plans in place to provide assistance to 150,000 people affected by natural or man-made disasters within 72 hours; and (d) WASH capacity enhanced nationally, regionally, and in 120 *woredas* and *kebeles*.

25. The **communication, gender and programme coordination programme** will aim to achieve the following results: (a) relevant national-level institutions, including those concerned with rights and gender, and civil society engaged in strengthened advocacy, capacity-building and resource-leveraging for children and women; women's participation strengthened in the workforce and social and political processes, and gender concerns mainstreamed within policy processes and sectoral programmes; (b) the capacity of partners strengthened so that they engage in participatory development approaches, emphasizing youth and women representatives; (c) mass media engaged in mobilizing all levels of society for protecting, promoting and fulfilling children's and women's rights; and (d) the planning, monitoring, evaluation, implementation, reporting and coordination capacities of counterparts strengthened.

Strategies

26. The overarching strategy is the human rights-based approach to programming, emphasizing the sustainable strengthening of capacities to fulfil rights to social services, accompanied by legal reform to create an enabling environment for achieving PASDEP objectives. The participation of stakeholders, including children and young people, will be prioritized, with cross-cutting issues addressed such as gender as well as HIV/AIDS, education, protection and health.

27. Additional strategies include technical support, under the overall coordination of the Ministry of Finance and Economic Development and BoFEDs, to ensure effectiveness and sustainability; the leveraging of resources; and the mainstreaming of a transitional approach to EPR, linked to capacity-building for longer-term solutions to protecting lives and livelihoods, including a non-food component within the Productive Safety Net Programme.

Relationship to national priorities and the UNDAF

28. The Government is currently finalizing the PASDEP. A needs assessment was carried out in 2004-2005 to fully align the PASDEP and the budget with achieving the Millennium Development Goals. The country programme forms an integral part of the UNDAF, which defines United Nations support to the PASDEP. UNICEF is contributing to all UNDAF priority outcomes and to the National Action Plans for Children and Gender Equality.

Relationship to international priorities

29. The country programme is founded on the Millennium Development Goals, with the guiding principles provided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The five UNICEF medium-term strategic plan focus areas are addressed, as are the Core Commitments for Children in Emergencies, the Abuja Declarations and the *World Fit for Children* goals.

Programme components

30. **Young child, adolescent and women's health**. The programme builds on the Government's five-year Health Sector Development Plan (HSDP3) and the National Strategy for Child Survival. In the Health Services Extension Programme (HSEP), health extension workers and community volunteers will be trained to support community and family care practices. The Integrated Management of Childhood Illness, including follow-up of children born to mothers who are HIV positive, will expand at community and facility levels, as will antenatal care, clean delivery and community preparedness for referring pregnancy complications. In urban and peri-urban areas youth-friendly health services will be expanded for young people, especially girls. The capacities of all *woreda* health offices will increase for planning, budgeting, implementing and monitoring maternal and neonatal health interventions.

31. The expanded programme on immunization will support nationwide expansion through the HSEP, including polio eradication, measles control, maternal and neonatal tetanus elimination, improved cold chain maintenance, safe injection practices, and emergency measles and meningitis vaccination campaigns. Preparedness will be heightened for responses to immunizable and diarrhoeal diseases, malaria and human flu.

32. Scaling up community-based malaria control will ensure prompt care-seeking behaviour and quality treatment. UNICEF will work with Roll Back Malaria partners, leveraging funds for expanded ITN coverage, to ensure optimal treatment capacities at health posts and improved first referral nationwide through provision of supplies and diagnostic equipment.

33. In collaboration with United Nations Population Fund (UNFPA), WHO, the Swedish International Development Agency, USAID/ the President's Emergency Plan for AIDS Relief (United States), and the Global Fund to Fight Aids, Tuberculosis and Malaria, the programme will increase access to basic and comprehensive emergency obstetrical care, including provision of equipment and supplies, comprehensive PMTCT-plus, and child referral services for severe malnutrition and disease, including paediatric AIDS. *Woreda* health offices will be strengthened to establish functional linkages between health posts and first-referral level.

34. Within HSDP3, the programme, in cooperation with WHO and UNFPA, will provide technical assistance for the following: (a) improving resource-use efficiency for child and maternal health; (b) implementing the five-year logistics plan for essential health commodities; (c) capacity-strengthening to assist regional and *woreda* health authorities in decentralized decision-making and resource allocation; and (d) developing and implementing standards for quality health care and EPR.

35. **Nutrition and food security**. National nutrition strategy implementation will be supported through a nutrition policy framework and information system; the mobilization of partners for resources and joint programming; and the building of capacity to coordinate multisectoral nutrition initiatives, set standards and control quality. With WFP, the United Nations Office for the Coordination of Humanitarian Affairs, WHO, the national Emergency Nutrition and Coordination Unit (ENCU) and civil society, the programme will strengthen early warning, nutrition information and surveillance systems. Partnerships will include private salt producers and food industries for micronutrient fortification.

36. Community capacity will be strengthened to analyse the causes of malnutrition and improve the nutritional status of vulnerable groups. A community nutrition-services package will provide targeted preventive and curative services for children under two, adolescent girls and pregnant and lactating mothers. In nutritionally vulnerable households, support will be provided for sustained food security, enabling households with reproductive-age women to access a community-determined package of interventions. Partnerships include the Food and Agriculture Organization of the United Nations and WFP for food security activities, and WHO and UNFPA for community-based care.

37. The acute nutritional needs of children and women in recurrent food-insecurity situations will be addressed through continuing EOS in drought-prone *woredas*, using a child survival package targeting 6.8 million children and about 1.4 million pregnant women, coordinated with other national initiatives. WFP and ENCU will be partners for supplementary and therapeutic feeding.

38. **Adolescent development, protection and HIV/AIDS**. The programme feeds into the joint programme for HIV/AIDS under UNDAF in support of the National Strategic Plan for HIV/AIDS. Activities fall under the leadership of the HIV/AIDS Prevention and Control Office, working with the Ministry of Youth and Sports and the Ministry of Women's Affairs. It takes a holistic approach to adolescents, actively engaging them in capacity development, life skills, livelihood opportunities and participation and increasing access to in-depth information about sexual and reproductive health and HIV/AIDS. Emphasis is placed on empowering adolescent girls. Community dialogue, interactive media and social-structure strengthening will contribute to an enabling environment for adolescent development.

39. Results in the protection, care and support of vulnerable children and adolescents will be achieved through improving the institutional framework; training all actors in the justice system on children as "offenders or victims"; developing the capacity of Ministries and civil society; and follow-up with partners and actors to enforce standards. Under the overall leadership of the Ethiopia HIV/AIDS Prevention and Control Office (HAPCO), in line with the national HIV/AIDS strategy, the provision of protection, care and support services will be strengthened through the OVC task forces, and the training of the Government officials, civil society and the private sector to empower communities to provide enhanced support for OVC, including psychosocial services. Home-based care will emphasize support for children who are HIV positive, for adolescents and for pregnant women enrolled in PMTCT. A system for the provision of small grants to assist community-identified OVC will be developed, with funds allocated to communities by local authorities. Partners include WFP for OVC food support; the International Labour Organization and International Organization for Migration for

preventing trafficking and exploitation; and the Joint United Nations Programme on HIV/AIDS for coordinating the roll-out of the national plan of action for OVC.

40. **Basic education**. The programme will provide capacity development in programme planning, implementation, monitoring and evaluation at all levels, with a special focus on *woreda* and *kebele* education and training school boards and parent-teacher associations. Activities will include capacity-building for coordinating the education management information system and for micro-planning, curriculum development and in-service teacher-training, including life skills and HIV/AIDS education. Quality will be addressed through the school cluster approach, teachers' professional development and the production of gender-sensitive instructional materials and radio programmes. Technical assistance will support integrating cost-effective best practices on educational quality improvement, equity, and girls' education into the national education strategy framework.

41. The Girls' Education Initiative will address the gender gap in NER as a joint programming area. Capacity development will be supported in several areas: making schools child- and girl-friendly, including developing national quality standards; water and sanitation provision and hygiene education; and community dialogue on the importance of girls' education and the elimination of HTPs. Education personnel in emergency-prone regions will be trained in EPR and in creating a conducive environment for traumatized children, including through providing essential teaching and learning materials, scholarships and counselling services for OVC.

42. Support will be provided to establish and strengthen alternative basic education centres to meet minimum learning standards for vulnerable children (including pastoralist and marginalized children), training facilitators in education techniques, in promoting life skills and HIV/AIDS education, in parental education and in developing appropriate curricula. *Woreda* education authorities will be trained to develop inclusive primary education plans. The ECD component will provide technical assistance for the development of a policy and national strategy for ECD, guidelines, a curriculum, and communication strategies on parental education.

43. Partners will include WFP for school feeding, United Nation Educational, Scientific and Cultural Organization for educational quality and the Japanese International Cooperation Agency for school mapping.

44. **WASH programme**. The programme will strengthen the integration of WASH at all levels and implement an integrated package in communities, schools and health institutions. The programme will lead a co-coordinated EPR in WASH, including planning, assessment, pre-positioning of essential supplies and equipment, and rapid response. The rapid response areas will cover water-tankering, purification, rehabilitation of boreholes and emergency sanitation and hygiene promotion.

45. The programme will construct and rehabilitate water supply systems and construct extensions. Sanitation and hygiene promotion will be supported through advocacy; communication for social change; and social marketing to facilitate community dialogue, decision-making and behaviour change. A comprehensive capacity-building plan to be developed and implemented will include training, knowledge-management and provision of tools and equipment. A variety of water

supply and latrine technologies will be demonstrated, and local artisans will be trained in these areas. Supply-chain support mechanisms will be strengthened for accessing water supply and sanitation services through Sani-Centres/spare-parts shops and national and community-level manufacturing units. Community management and cost-recovery systems will be developed and implemented to ensure sustainability. Standardization of all technologies will be promoted. Technical assistance will be provided for the development of policies and strategies, and joint sector studies with partners will complement the development of data management and information systems.

46. The programme is integrated in the National Rural Water Supply and Sanitation Programme supported by the Government, the World Bank, the African Development Bank and the United Nations Development Programme (UNDP). With financial and technical support from UNICEF, the national WASH network of community-based organizations, faith-based organizations, non-governmental organizations, donors, United Nations agencies and Ministries will work on advocacy and promotional activities. UNICEF works with WFP and WHO on girls' education/school health, dracunculiasis eradication and water quality assessment. Under the agreement with the European Union Water Facility, regular resources will be used to leverage funds for community and institutional WASH in all regions. Private sector participation will be encouraged.

47. **Communication, gender and programme coordination**. This programme will be coordinated by the Ministry of Finance and Economic Development, which will also delegate coordination to other governmental institutions. An integrated approach will combine community-level, participatory communication and use of mass media for education and advocacy at sub-regional and federal levels with gender-based capacity-building and strengthened programme coordination, in line with decentralization.

48. Communication will support capacity development of mid- and front-line service providers, civil society, women's associations and youth groups to engage young people and women in community dialogue and project implementation. Training will focus on communication and negotiation skills and participatory planning, contributing to the UNDAF governance priority in collaboration with UNDP, UNFPA and WFP. The communication capacity of institutions dealing with rights will be strengthened. Skills in participatory programming will be developed among the media, enabling them to promote awareness of community-level development. The media will be encouraged to support life-skills programmes and behaviour-change components. Young people's participation will build on previous successes in the Ethiopian Youth Forum, girls' education media initiative and youth-led HIV/AIDS prevention programmes.

49. National institutional capacity for gender equity will be strengthened in line with the PASDEP, emphasizing women's participation in social and political processes. Advocacy and technical assistance will support the mainstreaming of gender concerns and analysis within national policies, programmes and budget allocations and monitoring and evaluation. Support will be provided for capacity-strengthening of the Women's Affairs Ministry at federal and regional levels.

50. Under coordination of the Ministry of Finance and Economic Development at the national level and BoFED at the regional level, the programme will strengthen Government institutional capacity to mobilize and utilize resources and to collect,

analyse and utilise social sector data in programme areas. In line with decentralization, focus will be on regional and *woreda* bureaux. Capacity development will involve training in planning, monitoring and evaluation and data collection methodologies; support to local research and social-sector data collection, especially in data-scarce areas; and support to social policy analysis to strengthen the focus on children's and women's rights.

51. **Cross-sectoral costs** will cover management and programme planning, coordination, technical assistance and operating expenses related to supply, logistics, administration and finance.

Major partnerships

52. Under Government leadership, major partnerships will involve the following: UNDAF agencies, including participation in "One programme, one team", in keeping with the global partnership for HIV/AIDS; local authorities for decentralized implementation; the private sector, particularly for WASH; civil society for programme implementation; and media and civil society for information dissemination, open debate and youth participation. UNICEF will continue to provide cluster leadership in nutrition, water, education and child protection.

Monitoring, evaluation and programme management

53. All programme implementation will be coordinated by national institutions, under the Ministry of Finance and Economic Development. Sectoral programmes are coordinated at federal and regional levels by the relevant line Ministries, authorities and regional bureaux. Funds will flow through public financial institutions for accountable, transparent and effective services delivery. The use of other modalities will be agreed upon as need arises.

54. In collaboration with United Nations agencies, UNICEF will endeavour increasingly to align development assistance with national systems and to adopt national implementation modalities that will be continuously reviewed to ensure streamlining and efficient use of external assistance. An intensified joint United Nations programming will cover HIV/AIDS; humanitarian response, recovery and food security; and enhanced economic growth.

55. The UNDAF monitoring and evaluation matrices provide the framework for the integrated monitoring and evaluation plan (IMEP) to be reviewed and updated annually with the work plans. The IMEP is complemented by programme log frames specifying indicators, baselines and targets that allow review of progress and results against annual and end-of-programme targets. Quarterly performance reports by regional counterparts and joint annual reviews will be led by the Ministry of Finance and Economic Development, with the participation of federal and regional counterparts, United Nations agencies and civil society. A joint UNDAF evaluation in 2010 will summarize lessons learned.

56. Additional age- sex- and location-specific data for baselines, for monitoring and for end-of-programme assessments will be collected from surveys planned by the Government and with partners, and through surveys and evaluations planned in the IMEP. UNICEF will continue to partner with the Central Statistics Agency in using the *DevInfo*-based *Ethio-Info* to track Millennium Development Goal and PASDEP indicators.

57. The increased magnitude of the country programme and its expected significant contribution to accomplishing the PASDEP and Millennium Development Goals may necessitate a capacity-gap assessment by counterparts for provision of more technical assistance, including skills to support capacity-building and decentralization.